

# OHIO ADVOCATE NETWORK (OAN) FOR TRAINING & REGISTRATION

## UPGRADE/RENEW APPLICATION

PLEASE TYPE OR PRINT IN BLACK INK

### REGISTERED ADVOCATE (RA) STATUS – UPGRADE LEVEL REQUESTED:

\_\_\_\_\_ Registered Advocate-Advanced Standing (min hours = 5850)  
\_\_\_\_\_ Registered Advocate-Senior Standing (min hours = 9750)

### 1. APPLICANT INFORMATION

NAME \_\_\_\_\_  
OAN REGISTERED ADVOCATE (RA) # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
(work) \_\_\_\_\_ (fax) \_\_\_\_\_  
EMAIL \_\_\_\_\_  
AGENCY/ORGANIZATION \_\_\_\_\_  
WORK ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

Has any of the above information changed since your last RA application/renewal? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has your agency/organization changed since your last RA application? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please send all OAN correspondence to my: \_\_\_\_\_ Home address \_\_\_\_\_ Work address

### 2. PROFESSIONAL / VOLUNTEER EXPERIENCE - DIRECT SERVICES TO CRIME VICTIMS

Please fill in the information below. Remember that you can ONLY list the agencies and/or organizations with whom you are/have been employed (in a paid or volunteer capacity) to provide direct services to crime victims. If a listed agency or organization is not primarily a Victim Service Program, you may only include the portion of your paid and/or volunteer hours spent providing direct services to crime victims. Beginning with your current position, include all applicable direct service hours for each agency/organization with which you have been employed. The total number of service hours documented must equal or exceed the minimum required amount for your requested Upgrade Level. Attach additional sheets if necessary.

**Submit a notarized Memorandum of Confirmation for your current agency**

CURRENT AGENCY \_\_\_\_\_  
POSITION(S) HELD \_\_\_\_\_  
DATES OF EMPLOYMENT FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
SPECIFIED DISCIPLINE: GENERAL/MULTI CRIME \_\_\_\_\_ DV \_\_\_\_\_ SA \_\_\_\_\_ HOM/OMVI \_\_\_\_\_  
# OF PAID HOURS ACCRUED: \_\_\_\_\_ # OF VOLUNTEER HOURS ACCRUED: \_\_\_\_\_

**Submit a notarized Memorandum of Confirmation for a previous agency  
only if you are updating the # of service hours**

AGENCY \_\_\_\_\_  
DATES OF EMPLOYMENT FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
# OF PAID HOURS ACCRUED: \_\_\_\_\_ # OF VOLUNTEER HOURS ACCRUED: \_\_\_\_\_  
Is the # of direct service hours for this agency updated since your last RA Application? \_\_\_\_\_ Yes \_\_\_\_\_ No

AGENCY \_\_\_\_\_  
DATES OF EMPLOYMENT FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
# OF PAID HOURS ACCRUED: \_\_\_\_\_ # OF VOLUNTEER HOURS ACCRUED: \_\_\_\_\_  
Is the # of direct service hours for this agency updated since your last RA Application? \_\_\_\_\_ Yes \_\_\_\_\_ No

TOTAL HOURS ACCRUED FOR ALL LISTED AGENCIES: \_\_\_\_\_ PAID \_\_\_\_\_ VOLUNTEER \_\_\_\_\_  
(REMINDER: Total Hours must be equal to or greater than the required minimum (1950, 5850 or 9750) for the status being requested.)

Upgrade/Renew Application

**3. MEMORANDUM OF CONFIRMATION TO VERIFY EMPLOYMENT HISTORY OF APPLICANT**

*PLEASE TYPE OR PRINT IN BLACK INK*

*A Notarized MOC must be completed for Applicant's Current Agency  
A Notarized MOC must be completed for any Previous Agency with an Updated # of Service Hours*

**PLEASE NOTE THE FOLLOWING:**

1. This form should be filled out by an individual authorized to verify the applicants paid and/or volunteer employment history with the named agency. The authorized individual should currently hold the position of Agency Director, Board of Directors Member, Staff Supervisor, Volunteer Coordinator, Personnel Director (or similarly defined position) for the named agency - and need not have been the person in direct supervision of the applicant during the applicant's period of employment.

2. Separate Memoranda of Confirmation for a named agency must be completed if any of the following apply:

- The applicant was employed in both a paid and a volunteer capacity with the named agency
- The applicant held more than one distinctly different position with the named agency
- The applicant was employed in both a part-time and a full-time capacity with the named agency

Name of Applicant: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Name of Authorized Individual: \_\_\_\_\_

Authorized Individual Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, certify that the Applicant  
(Authorized Individual)

\_\_\_\_\_ provided direct services to victims  
(Applicant Name)

of crime while employed at \_\_\_\_\_ and while serving  
(Named Agency)

in the capacity of \_\_\_\_\_ between the following dates:  
(Position Title)

\_\_\_\_\_ and \_\_\_\_\_  
(Start Date) (End Date, or, Current Date)

I further certify that this position was a \_\_\_\_\_ Paid position / \_\_\_\_\_ Volunteer position.

I further certify that this position was a \_\_\_\_\_ Full-time position / \_\_\_\_\_ Part-time position.

I further certify that the Applicant worked \_\_\_\_\_ hours per week during the employment period.

I further certify that the total number of service hours accrued during the employment period was \_\_\_\_\_.

*I affirm the above information is true and accurate according to agency employment records.*

\_\_\_\_\_  
(Signature of Authorized Individual)

\_\_\_\_\_  
(Date)

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**4. TRAINING (20 hours of continuing education training required every two years for RA renewal)**

Date	Topic	Sponsor/Location	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Number of Training Hours:** \_\_\_\_\_

**5. CERTIFICATIONS**

*Read each of the following certifications and sign/date where appropriate*

<p><b>Certification A:</b> I, the undersigned applicant, hereby certify that the information submitted in this application is true and accurate. I further certify that the information reported on the enclosed Memorandum of Confirmation is true and accurate. Applicant Signature: _____ Date: _____</p>
<p><b>Certification B:</b> I, the undersigned applicant, hereby certify that I have never been convicted of any crime stemming from an act of violence or threat thereof, any felony, or any criminal act involving a child victim. Applicant Signature: _____ Date: _____</p>
<p><b>Certification C:</b> I, the undersigned applicant, hereby certify that I have read and agree to follow the National Organization for Victim Assistance (NOVA) Code of Professional Ethics. Applicant Signature: _____ Date: _____</p>
<p><b>Certification D:</b> I the undersigned applicant, hereby certify that I have never been terminated from a volunteer or paid position due to conduct in violation of the National Organization for Victim Assistance (NOVA) Code of Professional Ethics. Applicant Signature: _____ Date: _____</p>
<p><b>Certification E:</b> <i>I, the undersigned applicant, <u>am unable</u> to make the above certification(s) _____. I have attached an explanation with my application.</i> Applicant Signature: _____ Date: _____</p>

**6. NOTARIZATION**

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_

**INSTRUCTIONS FOR SUBMITTING UPGRADE APPLICATION AND REGISTRATION RENEWAL**

**1. SUBMIT ORIGINAL AND 1 COPY OF THE UPGRADE APPLICATION TO:**

The Ohio Advocate Network for Training & Registration  
 c/o Greene County Prosecutor's Office Victim/Witness Division  
 61 Greene Street, Xenia, Ohio 45385

**2. PLEASE REFER TO THE REGISTRATION RENEWAL CARD THAT WAS MAILED TO YOU** – to confirm your RA number and to determine if your mailing address needs to be updated or corrected.

**3. DOCUMENT CONTINUING EDUCATION TRAINING (20 HOURS REQUIRED)** - Approved continuing education training topics may be found on the TAG List – Series “B”

**4. RETAIN A COPY OF THE UPGRADE APPLICATION FOR YOUR RECORDS.**

**5. ENCLOSE PAYMENT** – A total registration fee of \$25.00 is required to Renew registration and Upgrade RA status (\$10.00 to Renew and \$15.00 to Upgrade). *Payment will only be accepted in the form of an Agency Check, Money Order, or Cashier's Check, made payable to Ohio Advocate Network.* If you are a NACP Credentialed Advocate in good standing, the \$10 Renewal fee will be waived; however, the \$15.00 Upgrade fee is still due. Provide a copy of NACP card or certificate with your \$15.00 payment.

**6. REGISTRATION RENEWAL IS DUE EVERY TWO YEARS** – Registration expires two years from the date of renewal approval (January or July). You will receive a Registration Renewal Notice at the mailing address you designated in this Upgrade application (Section 1). *You must notify OAN in writing of any change to address or designation.*